

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*	
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1					51					
2		1			52					
3			1		53					
4		1			54					
5			1		55					
6		1			56					
7			1		57					
8		1			58					
9			1		59					
10		1			60					
11			1		61					
12		1			62					
13			1		63					
14		1			64					
15			1		65					
16		1			66					
17			1		67					
18		1			68					
19			1		69					
20		1			70					
21			1		71					
22		1			72					
23			1		73					
24			1		74					
25		1			75					
26			1		76					
27		1			77					
28			1		78					
29		1			79					
30			1		80					
31			1		81					
32			1		82					
33			1		83					
34			1		84					
35			1		85					
36			1		86					
37			1		87					
38			1		88					
39			1		89					
40			1		90					
41			1		91					
42			1		92					
43			1		93					
44			1		94					
45			1		95					
46			1		96					
47			1		97					
48			1		98					
49			1		99					
50			1		100					
TOTAL IND.	8				TOTAL IND.					
TOTAL DEP.	21				TOTAL DEP.					
TOTAL CLAIMS	29				TOTAL CLAIMS					